COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if several names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

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	MAG	NET VENT ASSEMI	BLY APPARATUS	:			
⊠ u	r specification of wh	ich is attached hereto	OR				
□w	as filed on	as Application Scrial	No.				
ه ليا	r PCT International A if applicable).	pplication Number	and w	as amende	d on		
I hereby state including the c	that I have reviewe laims, as amended by	d and understand the	contents of the abred to ahove.	ove-ident	ified specification	ation,	
I acknowledge accordance wit	the duty to disclose th 37 CFR §1.56.	information which is	material to the exam	ination of	this applicati	on in ·	
application(s) international a listed below, a inventor's or p before that of t	for patent or invent pplication which desi and have also identifiant breeder's rights of the application on whi	nefits under 35 U.S.c. cor's or plant breeder gnated at least one core ied below, by checki certificate(s), or any P ch priority is claimed:	's rights certificate ountry other than th ng the box, any for CT international app	(s), or 36 e United 5 eign appli dication h	5(a) of any States of Ame ication for pe aving a filing	PCT crica, itent, date	
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International ay matter of each manner provid information as the national or	pplication designating of the claims of this a ed by the first parag defined in 37 CFR §1 PCT international filit	U.S.C. §120 of any Ug the United States of application is not discraph of 35 U.S.C. §156 which occurred being date of this applica	America, listed below cosed in the prior United Italian 12, I acknowledge to street the filing date the income the filing date the income inco	wand, insited States he duty to nof the pri	ofar as the su application in disclose man or application	bject n the terial	
U.S. PARENT APPLICATION OR PCT PARENT NUMBER			PARENT FILING DATE		STATUS		
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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER(S)	FILING DATE (day, month, year)

As a named inventor, I hereby appoint Practitioners at Customer Number 23413; Carl Ilorton (Reg. No. 34,622), Peter J. Vogel (Reg. No. 41,363), and Michael Della Penna, (Reg. No. 45,697) all of GE Medical Systems Global Technology Company, LLC, 3000 North Grandview Blvd., Waukesha, Wisconsin 53188; Kevin Conroy (Reg. No. 38,113) of GE Medical Systems Information Technologies, Inc., 8200 West Tower Avenue, Milwaukee, WI 53223; Ronald E. Myrick (Reg. No. 26,315), Henry J. Policinski, (Reg. No. 26, 621); Scott R. Hayden, (Reg. No. 41,821) and Catherine Winter, (Reg. No. 38,364) all of General Electric Company, 3135 Easton Turnpike, Fairfield, CT 06431-0001, jointly, and each of them severally, my/our attorney(s) or agents(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent and to transact all business in the Patent and Trademark Office connected therewith.

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to <u>Customer No. 23413</u>, <u>Cantor Colburn LLP</u>, 55 <u>Griffin Road South</u>, <u>Bloomfield</u>, <u>CT 06002</u>, <u>Telephone No. (860) 286-2929</u>.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, statements were made with the knowledge that willfully false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that all such willful false statements may jeopardize the validity of the application or any patent issued thereon.

lnventor's sign	nature: <u>M-D Chla</u>		Date: \O	Morele	2004			
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Citimanahima	117/			:				

Neil Clarke.

Full name of sole or first joint inventor:

Post Office Address: Same as Residence